(d) The National Population Policy 2000 aims at attainment of Total Fertility Rate of 2.1 by 2010. The States of Rajasthan and M.P. are adopting suitable strategies for achievement of the same.

(e) The States have been advised to formulate their State Population Policies and set up State Population Commission. The Government has constituted a National Commission on Population and a Jansankhya Sthirata Kosh to promote integrated efforts for population stabilisation. An Empowered Action Group has been constituted for the eight demographically weaker States of Orissa, Rajasthan, M.P., Chhattisgarh, U.P., Uttaranchal, Bihar and Jharkhand, to focus on the FW program in these States. Hon. Prime Minister reviewed the FW program with the Chief Ministers of U.P., M.P., Rajasthan and Bihar, on 16.1.2003.

(f) State Population Commissions have been constituted in Andhra Pradesh, Arunachal Pradesh, Assam, Haryana, Himachal Pradesh, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, A and N Islands and Lakshadweep. The States of Andhra Pradesh, Rajasthan, M.P., U.P. and Gujarat have adopted their State Population Policies. The States of Orissa and Jammu and Kashmir have also prepared draft Population Policies.

(g) No, Sir.

(h) Does not arise, in view of (g) above.

AIDS epidemic in Asia

2512. SHRI GHULAM NABI AZAD:
SHRI ABANI ROY:
SHRIMATI KUM KUM RAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of Government has been drawn to the report that AIDS is spreading faster in Asia;

(b) if so, whether the experts have warned about spread of AIDS epidemic in Asia;

(c) whether the WHO has issued instructions to the countries in Asia to deal with the situation; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir. The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) has published a report on the "AIDS epidemic up-date, December 2002". As per this report, the HIV/AIDS epidemic continues to spread in Asia. Of the 42 million people living with HIV/AIDS, more than 7 million are in Asia and this is nearly 18% of the global burden. Global projections suggest that an additional 45 million people will become infected with HIV in 126 low and middle income countries between 2002 and 2010. It is projected that over 40% of these infections would occur in the Asia-Pacific region, which currently accounts for about 20% of new infections globally.

(c) and (d) Yes, Sir.

A summary of the WHO guidelines is given in the enclosed Statement.

Statement

WHO Guidelines

WHO provides support to member countries in strengthening the monitoring and review of National AIDS Control Programmes. Assistance has also been provided for developing medium term plans as well as annual work plans for the prevention and control of AIDS. To mobilize national and inter-country efforts, WHO plays a very important advocacy role by highlighting the extent and potential impact of this pandemic on Asia as well as by emphasizing the need to act now.

WHO has categorized the HIV/AIDS epidemic in Asia as being in the early stages. For this reason, WHO is actively promoting prevention as a major priority for national programmes. WHO support in this area includes behavioural interventions among youth and adolescents, life skill education and communication in schools, harm

reduction interventions for Injecting Drug users, interventions for safe transfusion of blood and blood products, management of sexually transmitted infections, prevention of parent-to-child transmission, ensuring safe injection practices with implementation of universal precautions in all health care settings and 100% condom promotion among known commercial sex worker situations.

The World Health Organization (WHO), Regional Office for South East Asia, New Delhi, has issued the HIV/AIDS Strategic Framework (2002-2006). The overall goal of the Regional AIDS Programme is to prevent and reduce the risk of HIV transmission and to alleviate the personal and social impact of HIV/AIDS. The main strategies and intervention areas are:

1. Prevention : (i) prevention of transmission of HIV through blood and blood products by ensuring blood safety, prevention of HIV among injecting drug users and ensuring safe health care practices in health care settings; (ii) prevention of sexual transmission of HIV by prevention and treatment of sexually transmitted infections, condom promotion, harm reduction among injecting drug users and integrated support to mobile populations; and (iii) prevention of mother-to-child transmission (MTCT) by primary prevention of sexual transmission of HIV and providing antiretroviral drugs to infected pregnant women and their newborn babies.

2. Care and support: (i) promotion of Comprehensive care including continuum of care of persons with HIV/AIDS by voluntary counseling and testing, psycho-social support to infected persons, treatment of HIV/AIDS related diseases, palliative care and improving access to antiretroviral therapy; and (ii) reduction of the personal and social impact on the infected persons by advocacy for non-discrimination and destigmatisation with involvement of all segments of society, advocacy for legal protection for individual human rights, and promotion of wide access to relevant information.

3. Strengthening National Capacity: (i) strengthening monitoring and evaluation by HIV surveillance, surveillance for sexually

transmitted infections, behavioural surveillance, programme monitoring and review through progress report; and (ii) building national capacities by training human resources, strengthening laboratory services, promoting and supporting HIV/AIDS operational research and preparing a medium term national strategic plan.

Study conducted by GG Indraprastha University on ground water

2513. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the study conducted by GG Indraprastha University of about 50 samples of ground-water lifted from random spots, which has revealed that concentrates of arsenic, mercury, sulphates and dissolved salts in the Capital's ground-water exceeds permissible limits; and

(b) if so, the steps taken so that this health hazard could be gradually eliminated?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The information is being collected and will be laid on the Table of the House.

ICMR study report on Union Carbide gas leak

2514. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that ICMR study team set-up to study the effects of the Union Carbide gas leak in 1984, has not submitted its final report and the abrupt stoppage of its functioning inspite of deaths continuing even now due to the effect of this mishap, points to existence of nexus between the multinationals Government and bureaucrats; and

(b) if so, the reasons why the findings of the study team are not being made public?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) As per the information